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AUTHOR Purcell, John
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ABSTRACT

This paper explores how obsessive-compulsive disorder (OCD) affects students and how teachers can help such students lead productive lives in the classroom and elsewhere. It describes the symptoms of OCD in students, including trouble getting to school on time because of rituals while getting cleaned and ready in the morning, inability to finish work or lag behind because of constantly erasing and redoing work, anxiety attacks during tests, and depression. Evaluation methods for screening for OCD in children and adolescents are discussed, along with treatment options. Teachers of students with OCD are urged to partner with others involved in the student's treatment to monitor behavioral therapy or medication, to work together on treatment and share information, and to facilitate changes between grade levels for students with OCD. Classroom accommodations for students with OCD are described and include help with note taking, avoiding large assignments or take home work, setting clear deadlines, providing structure guides for longer assignments, facilitating interaction between students with OCD and peers by having group projects, using alternative ways to evaluate work, providing testing accommodations, using alternative discipline plans with students with OCD, and helping students to practice relaxation techniques. (Contains 23 references.) (CR)

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CHILDREN, ADOLESCENTS, AND OBSESSIVE-COMPULSIVE DISORDER IN THE CLASSROOM

By

JOHN PURCELL

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A person who suffers from OCD is characterized as being caught in a pattern of repetitive behaviors and thoughts that are senseless yet very difficult to overcome. Obsessions are defined as repeated unwanted ideas or impulses that continuously present themselves to the OCD sufferer. Examples of these intrusive thoughts may be fears that harm may come to themselves or a loved one, a concern with becoming contaminated, and the need to do things perfectly. Compulsions are defined as the responses the OCD sufferer makes to his obsessions which result in repetitive behaviors. Examples of compulsions would be washing one's hands repeatedly, checking, counting, hoarding, endlessly rearranging objects for precise alignment, list making and regimented rituals. [1] The DSM-IV criteria for OCD requires that the obsessions and compulsions cause marked distress, interfere with daily routines, interfere with social functioning, consume for more than

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one hour per day, or interfere with academic functioning. [2]

The modal age for the onset of OCD in males is 6 to 15 years and 20 to 29 years for females, however there have been cases noted of the onset of OCD in children as young as 2 years. [3] Though childhood OCD is not well studied, according to retrospective reports of adult patients with OCD show that one third to one half had their symptoms onset before age 15. Symptoms of OCD in childhood include fear of contamination, repetitive checking including doubting, confessions of imagined misdeeds, repetitive worrying and praying, repetitive counting and arranging, repeating an action such as going through a door until a child feels he gets it just right, specific mental rituals, and compulsive rereading and rewriting of school assignments. Children can sometimes act in near-delusional bizarre ways in their conviction of the potential of unrealistic dangers and the necessity of preforming their rituals but these can be distinguished from psychotic or schizophrenic symptoms.[4] Depression is also usually present with OCD because the amount of time spent in repetitive thoughts and actions takes the pleasure out of enjoyable activities and leaves little time and energy for friends, family or school.[5]

OCD can manifest itself in the classroom in countless ways: students may have trouble getting to school on time because they have to perform countless rituals while getting cleaned and ready in the morning, students may not be able to finish their work or may get far behind because they are constantly erasing and redoing work, students may have anxiety attacks during tests, students may become so depressed especially at the secondary level that they may develop school phobia and not attend. These are just a few

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Though it is difficult to know exactly how many youth are affected with OCD, it is estimated to be about two million in the United States alone with a ratio of two males afflicted for every one female. that this number is almost forty times the amount previously figured demonstrates that OCD is extremely under-recognized in adolescents and children.[6] In fact many educators, child psychiatrists, pediatricians, and child psychologists were found to know very little about the disorder. [7]

OCD sufferers generally have an insight into the senselessness of their obsessions which may account for why many of them attempt to hide their symptoms from friends and family and refuse to seek help.[8] This secrecy amongst OCD suffers sometimes makes it very difficult for teachers and classmates to notice any problems with children or adolescents in school.[9]

OCD is generally a chronic disorder and sufferers may have symptoms for decades. It is believed that neurobiological factors rather than environmental influences are the primary cause of the disorder mainly because OCD sufferers respond well to specific medications that affect the neurotransmitter serotonin. It is sometimes difficult to diagnose OCD because it can be accompanied by eating and substance abuse disorders, personality disorder, anxiety disorder, attention deficit disorder, or depression.[10] OCD symptoms may also turn up as a byproduct of other disorders such as Tourette Syndrome.[11]

According to research on OCD treatment for children and adolescents, careful assessment is the first step to treatment. Evaluation must include a review of the child's

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There are several measures to assess OCD in children and adolescents. The Leyton Obsessional Inventory Child Version is a 44 card test which asks questions about various OCD related symptoms in children. There is a 20 item abbreviated version of this test for adolescents. The Children's Yale-Brown Obsessive-Compulsive Scale can also be used to diagnose OCD. There is an 8-point teacher rating system that is used to gather behavioral observations made by the teacher at school that may show child OCD symptoms.[13]

Treatment options for OCD have improved incredibly in the last decade. The two most effective treatments are cognitive-behavioral therapy and the use of serotonin reuptake inhibitors. Many times these two treatments are combined. In other patients, one or the other is more effective. Sometimes patients will begin on medicine and later switch to behavior therapy once they gain control over their symptoms.[14] Some case studies have shown that psychotherapy is useful in treating OCD in children but that it is not as affective if used alone without medicine.[15]

Cognitive-behavioral therapy is an approach to dealing with OCD where the patient voluntarily and deliberately confronts the feared object or idea either directly or by imagination. With the assistance of a monitor, the patient is then not allowed to ritualize. For

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example, a patient who fears germs and washes his hands constantly would be made to touch lots of germy things and then to refrain from washing his hands for hours until his anxiety has decreased. This therapy is designed to slowly guide the patient to be able to tolerate the anxiety and to control his rituals so that eventually he is able to resist compulsive impulses.[16] For some children, this therapy should be used with a "tool kit" the child can use to help him deal with anxiety. These tools would include such things as relation training, breathing-control training, and cognitive training.[17] When completed under a specifically trained therapist, cognitive-behavioral therapy has proven to be a successful treatment for many OCD sufferers. Incorporating relapse-prevention components into the treatment along with follow-up sessions also continues to maintain success.[18]

Selective serotonin reuptake inhibitors (SSRI) are several medications approved by the Food and Drug Administration for the treatment of OCD that have changed treatment dramatically. These SSRIs are flouxetine (Prozac), fluvoxamine (Luvox), paroxetine (Paxil), and sertaline (Zoloft). Studies have shown that more than 75% of OCD patients have been helped by these medications in some way and 50% showed diminished frequency and intensity of OCD symptoms. Patients have found that if one SSRI does not work for them, another may be found to work better. However, it is usually found that if a patient discontinues medication that a relapse will follow. Most OCD patients have to continue with medication indefinitely but sometimes with a lower dosage than they were initially on. There is continuous research being done on new medications for OCD that may be soon available.[19]

This new insight into understanding and treating OCD in children and adolescents can be used by educators and schools to facilitate an OCD sufferer's academic and social

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experience. There are many issues and strategies that educators should consider.

School psychologists should provide in-service training to alert teachers about OCD. It is important that teachers understand OCD and behavior symptoms suggestive of it. If teachers cannot spot symptoms, a child may never be referred to the school psychologist for treatment possibilities and may struggle undiagnosed. Since many teachers do not know about this disorder, it is important that schools have school psychologists explain it to them. There are certain OCD symptoms teachers could be on the lookout for including: perfectionistic tendencies in student's work, many erasures, constantly falling behind in work, slowness in doing work for a student of normal ability, difficulty in taking notes because a student tries to write down everything, absenteeism, lack of friends, rough hands from repeated washings, fear of making errors, and an above normal need to leave the room to perform rituals. [20] It is also important for teachers to understand behavior symptoms of OCD since they will probably be asked to provide information or answer questions used for diagnostic assessment of a student.

Once a student is diagnosed with OCD, the teacher should be partnered with all the people involved in the student's treatment whether it is the school psychologist, a mental health professional or an independent doctor. Sometimes a student may have several doctors who deal with different issues of a student's treatment. The teacher should be partnered with all of them as well as the student's parents. Consultation partnerships are advantageous to the teacher, professional, and the student's parents since all parties can provide each other with updates and feedback on the student's treatment.

Consultation partnerships are also needed to monitor any behavioral therapy or medication used in a student's treatment. Teachers and professionals might work together on treating an OCD student with behavioral therapy and share information on how things are progressing. An example of this might be if an exceptionally neat student cannot do his

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work because he is constantly concerned that everything is not in order on his desk, the teacher may have him work with his desk cluttered and messy until this tendency resides. Teachers should be informed of the type of medication an OCD student might be taking and should become an active partner in monitoring medication. OCD patients can respond different to medication and teachers can be helpful in informing the patient's doctors if a particular medicine is working or not by monitoring if the patient's obsessive thoughts and compulsions are decreasing or not. Sometimes teachers are asked to make sure a child takes his medication at a certain time of day. Teachers can be in the important position to tell if a student is not taking his medicine. Teachers should also inform parents of medication side effects that may be harming their student's academic progress such as excessive tiredness.

Teachers also need to be good consultation partners with other teachers to facilitate changes between grade levels for OCD students. A former teacher could tell a present teacher specific helpful knowledge about a student that may aid the present teacher.

Teachers should be aware that they may need to make some changes and accommodations in their classroom to facilitate an OCD student or students. It is important that the school administration be supportive of the teacher's efforts to create a good environment for the OCD student. The administration should be helpful in facilitating a partnership between parents, health professionals and teachers. They should assist in any efforts the teacher asks them to be a part of.

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Many OCD students become isolated from other students because they get caught up in their world of rituals. Teachers might facilitate interaction between an OCD student and his peers by having group projects whereby the students achieve goals cooperatively. this would get the OCD student to interact with others who may be able to also keep him on task by not letting him get bogged down by constant revisions or rituals.

Grades can be a difficult issue for some OCD students who have trouble finishing assignments or doing work that is not perfect. Teachers may find it easier to help these students by figuring out ways to evaluate their work without the use of grades or to demonstrate ways that making mistakes can be fruitful learning experiences.

Teachers might also consider making testing accommodations for some OCD students. It is found that children with OCD take more time to answer questions because of their ritualistic behaviors and perfectionistic tendencies. They may give lengthy detailed answers on verbal items and take extra time to make sure other problems are just right. Others may work in a fast and impulsive manner to guard against their OCD symptoms.

Thus, test scores of OCD students may be underestimates of their actual skills.[21] Additional time and a testing environment free of distractions would be the most appropriate solution.

Teachers may need to become more flexible when dealing with OCD students in the classroom. They may find that they have to try to do activities differently than they normally do or even to try new things with the entire class. Teachers must learn to have patience when dealing with OCD students or else they may find themselves becoming extremely frustrated. They may have to figure out an alternative discipline plan as well. There are a few strategies taught to parents of OCD children which would also probably benefit teachers as well. For example, one strategy is that if an OCD student is engaged in a lengthy ritual that would hold up the class from moving forward, the class should move on without the student. The teacher could tell the OCD student to join the rest of the class when he was ready rather than cause a major conflict by trying to stop the ritual. Another strategy is used to help an OCD student learn to fight his OCD symptoms on his own. The teacher and student would set up a signal for whether the student was hopelessly stuck in an OCD ritual and needed help. A red signal would tell the teacher that the student was trying to handle the problem on his own. A green signal would mean that the student was stuck and needed the teacher to help him get out.[22]

Since sufferers of OCD can become frustrated and suffer anxiety, teachers may want to practice relaxation techniques with them individually or with the entire class. Cognitive-behavior therapy for OCD patients usually includes relaxation and breathing-control training. Classroom recommendations for treating the obsessive compulsive symptoms found in Tourette Syndrome students include the same.[23]

Some of the classroom strategies I described above may be amended once an

[21] Clarizio, "The Secretive Syndrome," pp. 111-12.
[22] "Parenting a Child with OCD: Sorting Strategies for Parents," Behavioral Health Treatment, v. 2 no. 1. (Jan 1997) p. S1-S2.
[23] Ramona A Fisher and Edward C. Collins, "Tourette Syndrome: Overview and Classroom Interventions," Annual Conference of the Council for Exceptional Children, Atlanta, GA, 1-5 April, 1991.

OCD sufferer gets better control of his symptoms through therapy and medication and makes a slow transition into normal classroom experience. However, some students may never entirely beat their OCD since it is usually a chronic disorder. Therefore teachers should be aware not expect smooth transitions every time and may have to continue OCD classroom strategies indefinitely.

Children and adolescents with obsessive-compulsive disorder do not have to have their academic and social lives be jeopardized. Cognitive-behavioral therapy and the dramatic medical breakthrough of serotonin reuptake inhibitors have completely changed the treatment of OCD. By training teachers on how to identify OCD in their classrooms, effectively partnering teachers with the mental health professionals and parents of their OCD students, and by encouraging teachers to use classroom strategies specific to aiding their OCD students, schools can provide an environment where treatment for OCD and academic achievement can be partnered for the betterment of all involved.

(This paper was presented in November 1999 as a reseach paper for a graduate class I was taking at the Rossier School of Education at the University of Southern California.)

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students note taking from lecture-type lessons.

If completing assignments on time is usually troublesome for an OCD student, teachers should be patient and work with the student. This is usually not something that can be changed right away. Teachers initially should not assign large assignments or take home work to these students. Longer assignments tend to bog down the OCD student because they tend to want to be perfect. Teachers, especially at the secondary level, should set clear deadlines and even make the student sign a contract with them concerning each long-term assignment. For assignment to be done in class, the teacher might provide a timer to help the student work towards staying on target. Secondary school teachers should provide structure guides for longer assignments and may initially have to guide the student through such projects.

Many OCD students become isolated from other students because they get caught up in their world of rituals. Teachers might facilitate interaction between an OCD student and his peers by having group projects whereby the students achieve goals cooperatively. this would get the OCD student to interact with others who may be able to also keep him on task by not letting him get bogged down by constant revisions or rituals.

Grades can be a difficult issue for some OCD students who have trouble finishing assignments or doing work that is not perfect. Teachers may find it easier to help these students by figuring out ways to evaluate their work without the use of grades or to demonstrate ways that making mistakes can be fruitful learning experiences.

Teachers might also consider making testing accommodations for some OCD students. It is found that children with OCD take more time to answer questions because of their ritualistic behaviors and perfectionistic tendencies. They may give lengthy detailed answers on verbal items and take extra time to make sure other problems are just right. Others may work in a fast and impulsive manner to guard against their OCD symptoms.

Thus, test scores of OCD students may be underestimates of their actual skills.[21] Additional time and a testing environment free of distractions would be the most appropriate solution.

Teachers may need to become more flexible when dealing with OCD students in the classroom. They may find that they have to try to do activities differently than they normally do or even to try new things with the entire class. Teachers must learn to have patience when dealing with OCD students or else they may find themselves becoming extremely frustrated. They may have to figure out an alternative discipline plan as well. There are a few strategies taught to parents of OCD children which would also probably benefit teachers as well. For example, one strategy is that if an OCD student is engaged in a lengthy ritual that would hold up the class from moving forward, the class should move on without the student. The teacher could tell the OCD student to join the rest of the class when he was ready rather than cause a major conflict by trying to stop the ritual. Another strategy is used to help an OCD student learn to fight his OCD symptoms on his own. The teacher and student would set up a signal for whether the student was hopelessly stuck in an OCD ritual and needed help. A red signal would tell the teacher that the student was trying to handle the problem on his own. A green signal would mean that the student was stuck and needed the teacher to help him get out.[22]

Since sufferers of OCD can become frustrated and suffer anxiety, teachers may want to practice relaxation techniques with them individually or with the entire class. Cognitive-behavior therapy for OCD patients usually includes relaxation and breathing-control training. Classroom recommendations for treating the obsessive compulsive symptoms found in Tourette Syndrome students include the same.[23]

Some of the classroom strategies I described above may be amended once an

[21] Clarizio, "The Secretive Syndrome," pp. 111-12.
[22] "Parenting a Child with OCD: Sorting Strategies for Parents," Behavioral Health Treatment, v. 2 no. 1. (Jan 1997) p. S1-S2.
[23] Ramona A Fisher and Edward C. Collins, "Tourette Syndrome: Overview and Classroom Interventions," Annual Conference of the Council for Exceptional Children, Atlanta, GA, 1-5 April, 1991.

OCD sufferer gets better control of his symptoms through therapy and medication and makes a slow transition into normal classroom experience. However, some students may never entirely beat their OCD since it is usually a chronic disorder. Therefore teachers should be aware not expect smooth transitions every time and may have to continue OCD classroom strategies indefinitely.

Children and adolescents with obsessive-compulsive disorder do not have to have their academic and social lives be jeopardized. Cognitive-behavioral therapy and the dramatic medical breakthrough of serotonin reuptake inhibitors have completely changed the treatment of OCD. By training teachers on how to identify OCD in their classrooms, effectively partnering teachers with the mental health professionals and parents of their OCD students, and by encouraging teachers to use classroom strategies specific to aiding their OCD students, schools can provide an environment where treatment for OCD and academic achievement can be partnered for the betterment of all involved.

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